

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_ } ss.

On (date) \_\_\_\_\_, before me, (notary's name) \_\_\_\_\_,

Personally appeared (member's name) \_\_\_\_\_ and

(spouse's name) \_\_\_\_\_,

☐ proved to me on the basis of satisfactory evidence **OR** ☐ personally know to me to be  
the person(s) whose name(s) is/are subscribed to the attached documents: (please check box below)

☐ RETIREMENT APPLICATION

☐ WITHDRAWAL OF MEMBER CONTRIBUTIONS

☐ CHANGE OF NAME/ADDRESS/BENEFICIARY FORM

dated \_\_\_\_\_,

and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

*Place Notary Seal Above*

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**SPOUSE'S SIGNATURE MUST BE NOTARIZED.** If spouse's signature is not notarized when the  
member's signature is (above), a notary must acknowledge spouse's signature below.

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Signature of Notary Public